2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P0000014962 COURTESY TITLE SERVICES, INC. 02-08-2001 90169 024 ***150.00 Principal Place of Business Mailing Address 10300 SUNSET DRIVE 10300 SUNSET DRIVE SUITE 135 SUITE 139 MIAMI FL: 39179-9038 MIAMI: FL: 33173-3038 2. Principal Place of Business 3. Mailing Address 2515 No. KENDALL DR SAME A-5 (2) DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc # 305 4. FEI Number Applied For City & State City & State MI4MI Not Applicable 65-0983120 Zip Country \$8.75 Additional Country 5. Certificate of Status Desired MIAMI-DADE Fee Required 33 r8 6 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PIMENTEL, AIDA M Street Address (P.O. Box Number is Not Acceptable) % PASTROFF, BARJA, KELLY & CO. 10300 SUNSET DRIVE, SUITE 135 MIAMI FL 33173-3038 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE PIMENTEL, AIDA M NAME NAME 12575 No. KENDALL DR # 305 STREET ADDRESS 10300 SUNSET DRIVE SUITE 135 STREET ADDRESS CITY-ST-ZIP 33186 CITY-ST-ZIP MIAMI FL-33173-3038 ☐ Addition Change Delete TITLE NOYA, ORLANDO NAME NAME 12515 NO. KENDALL DR #305 10300 SUNSET DRIVE SUITE 135 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI-FL 33173-3038 MIAMI 33186 ___ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: USE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #